

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019356	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51	1	1	1	1
2	1	1	1	1	1	1	52	1	1	1	1
3	2	2	2	2	2	2	53	2	2	2	2
4	1	1	2	2	2	2	54	2	2	2	2
5	1	1	2	2	2	2	55	1	2	2	2
6	1	1	2	2	2	2	56	1	2	2	2
7	1	1	1	1	1	1	57				
8	1	1	2	2	2	2	58				
9	1	1	2	2	2	2	59				
10	1	1	2	2	2	2	60				
11	1	1	2	2	2	2	61				
12	1	1	1	1	1	1	62				
13	1	1	1	1	1	1	63				
14	1	1	1	1	1	1	64				
15	1	1	1	1	1	1	65				
16	1	1	1	1	1	1	66				
17	1	1	1	1	1	1	67				
18	1	1	4	4	4	4	68				
19	1	1	4	4	4	4	69				
20	1	1	4	4	4	4	70				
21	1	1	4	4	4	4	71				
22	1	1	4	4	4	4	72				
23	1	1	4	4	4	4	73				
24	1	1	1	1	1	1	74				
25	1	1	1	1	1	1	75				
26	2	2	2	2	2	2	76				
27	1	1	2	2	2	2	77				
28	1	1	2	2	2	2	78				
29	1	1	2	2	2	2	79				
30	1	1	2	2	2	2	80				
31	1	1	2	2	2	2	81				
32	1	1	2	2	2	2	82				
33	1	1	1	1	1	1	83				
34	1	1	1	1	1	1	84				
35	1	1	1	1	1	1	85				
36	1	1	1	1	1	1	86				
37	2	2	2	2	2	2	87				
38	2	2	1	1	1	1	88				
39	1	1	1	1	1	1	89				
40	1	1	1	1	1	1	90				
41	1	1	1	1	1	1	91				
42	1	1	1	1	1	1	92				
43	1	1	2	2	2	2	93				
44	1	1	2	2	2	2	94				
45	1	1	1	1	1	1	95				
46	1	1	1	1	1	1	96				
47	1	1	1	1	1	1	97				
48	1	1	1	1	1	1	98				
49	1	1	1	1	1	1	99				
50	1	1	1	1	1	1	100				
TOTAL IND.			↓	↓	↓	↓	TOTAL IND.		↓	↓	↓
TOTAL DEP.			↓	↓	↓	↓	TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS							TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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